

In Texas Only: (800) 572-5548 Local (512) 834-6600 Fax: 512-834-6614

FOR DSHS USE ONLY BUDGET/FUND: ZZ112-178

Remit #:	
Remit Date:	

Asbestos License Application/Renewal Operations and Maintenance Contractor (Restricted)

DO NOT WRITE IN THIS BOX – FOR DEPARTMENT USE ONLY			
Rcvd Date: Init	. Amt Rcvd:\$		FY:
Post Mark Date:	Expiration Date:		Init
Rvw Date: Init	Print Date:		Init
Aprv Date: Init	Mail Date:		Init
PLEASE CHECK ONE OF THE FOLLOWING:			
☐ SOLE OWNER/PROPRIETORSHIP ☐ LLP (Limited	Liability Partnership)	LLC (Limite	d Liability Company)
☐ LP (Limited Partnership) ☐ PARTNERSHIP	☐ CORPORATION	☐ DBA ([Doing Business As)
If renewing, enter your current license/registration number:		Expiration Date:	
Legal Business Name		Tax Payer's ider	ntification number
		()	
DBA Name (if applicable)		Telephone Num	ber (include area code)
License Mailing Address (include suite #)	ty	State	Zip Code
Business Physical Address (include suite #)	ty	State	Zip Code
		()	
Name of Responsible Person		Telephone Num	ber (include area code)
CERTIFICATION : I certify that I am authorized by the conread and understand the applicable rules and agree on beta violation of DSHS rules and the Texas Penal Code §37.1 order to obtain a license. All information I have provided my knowledge.	half of the applicant to co 0 to submit any false or	omply with them. fraudulent informa	I understand that it is ation or documents in
Signature of Responsible Person or Owner	Date		
Mailing address for applications containing money	Mailing addre	ess for all other r	mail:
Regulatory Licensing Unit MC 2003 Department of State Health Services PO Box 149347	Department of	Regulatory Licensing Unit MC 2835 Department of State Health Services PO Box 149347	

Revised October 7, 2015

Austin, Texas 78714-9347

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IMPORTANT INFORMATION

- Visit our webpage at www.dshs.state.tx.us/asbestos to pay for your license application fee online.
- To avoid late fees, a complete application & all required documentation must be submitted and/or postmarked prior to the expiration of the license.

The following documentation is required for licensure in accordance with §295.43 of the Texas Asbestos Health Protection Rules:

LICEN	ISE FEES: (Two year term)
	NEW/RENEW: License Fee: \$268.00
	EXPIRED FOR 90 DAYS OR LESS: License fee: \$398.00
	EXPIRED FOR MORE THAN 90 DAYS BUT LESS THAN ONE YEAR: License fee: \$528.00
REC	QUIREMENTS FOR A NEW LICENSE
	Required license fee: (See fees above)
	For Texas Corporations, a copy of the Certificate of Good Standing from the State Comptroller of Public Accounts stating that all franchise taxes due, have been paid, or a letter of exemption (issued by same office)
	For foreign or out-of-state corporations, a copy of the certificate of authority to conduct business in Texas from the Texas Secretary of State, Austin, Texas, unless an exemption is filed in
	accordance with §295.39(e) Complete Business Information Form. (Form may be obtained from the asbestos web site.)
	For a company using an Assumed Name, a copy of Assumed Name filing filed with the Secretary of State
	A copy of companies standard operating procedures in accordance with the Texas Asbestos Health Protection Rules $\S295.43$ (e)(3 – 10). Place an index to indicating where to find the required information. References to be used for the following: 25 TAC $\S295.31$ - $\S295.73$ TAHPR; EPA 560/5-85-024 (Purple Book); 29 CFR 1910.134 (Federal OSHA); 29 CFR 1926.1101 (Federal OSHA). Copies of the Federal regulations may be obtained from the EPA regional office, Regional Asbestos Coordinator, Environmental Protection Agency at 1445 Ross Avenue, Dallas, Texas 75202-2733, 214/665-7575 A copy of the current asbestos Contractor/Supervisor training certificate from a Department-approved training provider for the Responsible Person
REQL	JIREMENTS FOR A RENEWAL LICENSE
	Required license fee: (See fees above)
	A copy of the current asbestos Contractor/Supervisor training certificate from a Department-approved training provider for the Responsible Person

PRIVACY NOTIFICATION / NOTIFICACIÓN SOBRE PRIVACIDAD

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See http://www.dshs.state.tx.us/ for more information on Privacy Notification. (Reference: Governor Code, Section 552.021, 552.023, 559,003 and 559.004)